

Case Name: _____ Case # _____ Event # _____

Report Date _____ Time: ☐ am ☐ pm County where incident occurred: _____

Person Receiving Report: _____ Area _____ FACTS Wkr # _____

Report Medium: (Mark one) ☐ Fax [F] ☐ Mail [M] ☐ Phone [P] ☐ Walk-in [W]

Section I

Information from the Reporter

Description of circumstances or conditions that led the reporter to make a report. Why today?

If the reporter alleges abuse or neglect, ask the reporter to provide detailed information concerning:

- 1) Age of child(ren)?
- 2) Description of harm/injuries, how occurred, where and when, or has this happened before?
- 3) Who caused harm/injury?
- 4) Does he/she have access to the child?
- 5) Other individuals or agencies having information?

Section II

Section III

Location of Child: Where can the child be located now?

Prior SRS Involvement:

Section IV

Reporter Name: _____

Address (street, apt. #)

City _____ County: _____ State: _____ Zip Code: _____ Phone # _____

Report Source (Relationship) check only one:

- | | | | | |
|--|--|---|--|--|
| <input type="checkbox"/> Social Service [SSP] | <input type="checkbox"/> Medical [MED] | <input type="checkbox"/> Legal [LGL] | <input type="checkbox"/> Education [EDU] | <input type="checkbox"/> Anonymous [ANO] |
| <input type="checkbox"/> Victim [VIC] | <input type="checkbox"/> Parent [PAR] | <input type="checkbox"/> Relative [REL] | <input type="checkbox"/> Neighbor [NEI] | <input type="checkbox"/> Friend [FRN] |
| <input type="checkbox"/> Day Care Provider [DCF] | <input type="checkbox"/> Substitute Care [SUB] | <input type="checkbox"/> Other [OTP] Specify: | | |

INITIAL ASSESSMENT
TO BE COMPLETED BY SUPERVISOR OR DESIGNEE

Section V

REPORTS WHICH SRS IS NOT AUTHORIZED TO ACCEPT FOR INVESTIGATION			
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Alleged incident took place in an institution operated by SRS or Juvenile Justice Authority? (IF YES, REFER TO KANSAS ATTORNEY GENERAL) [AIS]	Referred to: _____ Date: _____
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Alleged perpetrator is an SRS employee? (IF YES, REFER TO APPROPRIATE LAW ENFORCEMENT AGENCY) [APE]	Referred to: _____ Date: _____
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Alleged victim is 23 or older? (IF YES, REFER TO ADULT SERVICES OR OTHER APPROPRIATE RESOURCE) Note: If alleged victim is 18 years old or older, refer to PPM for further guidance .	Referred to: _____ Date: _____

Section VI

Preliminary Inquiry REQUIRED on current open cases and if any family member or alleged perpetrator has prior CFS involvement and no further CFS action needed.

<input type="checkbox"/> ADDITIONAL INFORMATION NEEDED TO COMPLETE THE INITIAL ASSESSMENT:	
REQUESTED: Date/Time _____	DATE DUE : _____

Section VII INITIAL ASSESSMENT DECISION

ALL RISK FACTORS LISTED IN PPM 1301 have been REVIEWED?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
HISTORY on all family members and alleged perpetrators has been reviewed as required in PPM 1302	<input type="checkbox"/> YES	<input type="checkbox"/> Not Required	
<input type="checkbox"/> INVESTIGATION and/or further ASSESSMENT is indicated, proceed to form CFS-1002 Response Determination			
<input type="checkbox"/> NO FURTHER CFS ACTION NEEDED after assignment for investigation and/or further assignment. See attached case logs of contacts.			
<input type="checkbox"/> NO FURTHER CFS ACTION NEEDED for the following reasons (Check all that apply)			
ALLEGED ABUSE OR NEGLECT or NON-ABUSE/NEGLECT (Check all that apply)			
<input type="checkbox"/> Initial Assessment of reported information does not meet the statutory definition of a CINC or PPM directives [NSC] " Report does not indicate child has been harmed or is likely to be harmed " Report concerns care giver=s behaviors which do not directly harm a child or place a child in a likelihood of harm " Credible information in the report indicates concern is minimal or remote; incident reported as accidental or a single, minor incident " Report alleges abuse or neglect in the past " Report concerns child care licensing only. Referred to K.D.H.E.			
<input type="checkbox"/> Report fails to provide the information necessary to locate child [FPI]			
<input type="checkbox"/> Report is known to be fictitious and/or malicious [FRP] CFS Program Administrator=s approval required.			
<input type="checkbox"/> SRS does not have authority to proceed and/or has a conflict of interest [NAP]			
<input type="checkbox"/> Incident has been or is being assessed by SRS and/or law enforcement [AAS]			
<input type="checkbox"/> Report indicates family has or will address concerns on their own [FAC] NON -ABUSE/NEGLECT ONLY			
<input type="checkbox"/> Report indicates the concern has been referred to or is the responsibility of another agency [OAC] NON-ABUSE/NEGLECT ONLY			
BASIS FOR NO FURTHER CFS ACTION NEEDED (explain decision using reasons checked above) If family members and/or alleged perpetrators have history, address the impact of history on the Initial Assessment Decision.			

Section VIII

Supervisor or designee signature _____	Date: _____ / _____ / _____ Time: _____ : _____ <input type="checkbox"/> am <input type="checkbox"/> pm
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